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Weekly Bulletin

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GUY P. JONES
EDITOR

Pellagra Is Disappearing.

Pellagra, according to Dr. W. A. Evans of Chicago, is probably about to disappear from the United States. In fact, there are so few cases found at the present time that the experts who have been studying this disease for many years are finding it very difficult to secure material for their research work. The surgeons connected with the United States Public Health Service who have been investigating the cause of the disease have had to move from place to place in order to find cases upon which to conduct their work. The cause of pellagra has not been determined exactly although the American investigators have shown that the disease is probably due to the use of an unbalanced, faulty diet. Other investigators say that the disease is due to a mold and another group hold to the idea that pellagra is due to a bacillus or some other germ.

Pellagra has occurred in California for many years but its prevalence has always been very limited. In the southern part of the United States, until recently, there have been a large number of cases reported. Following are the numbers of cases of this disease reported in California during the past 10 years: 1913, 8; 1914, 14; 1915, 9; 1916, 15; 1917, 21; 1918, 28; 1919, 25; 1920, 16; 1921, 21; 1922, 32.

Pacific Coast Health Officials to Meet in Conference.

The second annual conference of Pacific coast health officials will be held in San Francisco at the offices of the California State Board of Health on June 25th and 26th. Since the conference will be held during the week of the annual convention of the American Medical Association in San Francisco it is believed that there will be a full attendance.

The organization of Pacific coast health officials was perfected last year in Seattle. Health officers from the western states were called together by Dr. Paul A. Turner, Director of Health for Washington. Each state, under the by-laws, is entitled to send three representatives to the conference in addition to the state health officer and sanitary engineer.

The representatives to the conference from California this year, in addition to Mr. Walter M. Dickie, secretary of the State Board of Health, and Chester G. Gillespie, director of the California State Board of Health, Bureau of Sanitary Engineering, are Dr. L. M. Powers, health commissioner of Los Angeles; Dr. William Simpson of San Jose, health officer of Santa Clara County, and Dr. F. W. Browning, health officer of Hayward and secretary of the Health Officers' Section of the League of California Municipalities.

The states that will be represented in this conference are Washington, Oregon, California and also British Columbia. Many health matters of mutual interest to the states bordering on the Pacific Ocean will be discussed.



Court Refuses to Pass Upon Maternity Act.

The Supreme Court of the United States has refused to pass upon the validity of the Sheppard-Towner Law providing for infant and maternal welfare by the states. Cases that were brought to determine the constitutionality of the act were therefore dismissed. The power of Congress to make appropriations to accomplish indirectly what the courts had held was beyond the constitutional jurisdiction of the federal government was questioned by the State of Massachusetts in its attack upon the Sheppard-Towner Law. The matter involved the old question of states' rights. It would appear that the opposition to the enforcement of the act has now vanished completely and that the work of advancing the interest of mothers and children throughout the United States will progress with unabated enthusiasm.



Dr. Haven Emerson to Conduct San Francisco Survey.

A survey of community health and hospitals in San Francisco will be conducted by Dr. Haven Emerson, professor of public health administration of Columbia University and former health officer of New York City. The survey will be made under the auspices of the community chest and Council of Social and Health Agencies.

According to Dr. Ray Lyman Wilbur, president of the Council of Social and Health Agencies, the work is expected to show the present status, relations and work performed by the various hospitals and health agencies, including all public and private hospitals and clinics. From the information gathered it is hoped that it may be possible to prepare a health program adapted to the community chest idea and meeting local needs. It will provide an outline of the relations and responsibilities of the health agencies in such a scheme and will furnish a plan for future development and growth toward which the community chest may labor.

Superior Importance of Nurse Denied by Nurses.

Public health nurses of New York state, in their monthly bulletin published by the New York State Department of Health, make emphatic protest against statements that have been issued regarding the 'superior importance of nurses. This protest was made necessary because of the fact that headlines in various publications have, in effect and sometimes in definite words, stated that the nurse is more important than the doctor. The bulletin in part reads as follows:

"The unfairness of such statements might be ignored if the harm they do should end when the paper goes to the furnace to help out in a fuel shortage, but unfortunately the matter does not stop there. Some nurses, eager to feel how badly the world would get on without them, swallow such statements whole and it upsets their behavior. More serious still, some poorly informed persons are disposed to believe such statements, especially when a nurse's service is available without cost and the services of a physician must be paid for.

Let us look at this matter justly: What can a nurse do without a physician that he can not do without her?

Does she bring a woman's intuitions and understanding to the patient's service? There are very many practicing physicians who are women.

Can a nurse make a physical examination of a patient, find out what is the matter with him, and prescribe the remedies which will benefit him?

Can she examine the contents of his stomach and find out what is wrong with his gastric digestion?

Can she foot it at night through the blizzard over a mountain to a farm house, perform a tracheotomy with only such aid as the family can give, administer antitoxin and return home only to start out in response to another SOS call for help?

Is there really a single thing which the nurse can do without the physician that the physician has not already done without her and can not do again if he must? There is no nurse who will not say no.

What does the nurse do? What can she do? What is the nurse's place in health work?

She may, if she will, investigate and observe for the physician and report accurately what she sees or discovers. She may make the connection between the person in need of medical knowledge and skill and the physician possessing it. She may relay the health messages he is broadcasting, but to be of service in the work she must do it with fidelity. She may aid the physician by relieving him of work which she can perform, thereby enabling him to serve more people and have time to serve better. She can be a most invaluable aide and liaison agent. As such the physician wants her and frankly acknowledges that he needs her. Posing as 'more important than the physician' she betrays the trust imposed in her and she becomes a traitor in the camp where sick and suffering people are looking to her for help.

The self-sacrifices which the private physician makes in the interest of the health of

the poor and the suffering (and of which he never speaks) are known in the large to no one so well as to the nurse. He stays all night in homes 'where there are no conveniences for a nurse' and waits on the sick."



Danger in Poorly Constructed Wells.

Wells provide one of the most popular sources of water supply for domestic use. If properly constructed and satisfactorily located, they furnish an ideal source of supply and fully justify their popularity. If they are poorly constructed and improperly located, they may become a serious menace to the health of the people who use them.

In selecting a source of drinking water supply, the first point to be considered is its freedom from pollution. If a well is to be free from pollution, its location must be carefully selected and it must be carefully constructed. Contrary to popular ideas, there is no clearly defined or accepted distance a well should be from a cesspool in order for it to be safe. The distance which leachings from a cesspool will travel without becoming purified, is quite variable and depends upon the slope of the ground, the porosity of the soil, the depth to and the normal direction of the flow of ground water, the draft on the well, the amount of rain-fall, and other conditions. Even after a careful inspection by an expert, it is not always possible to give definite advice in matters of this kind. It may be said generally, however, that where the soil is of a more or less homogeneous sandy nature, a well may be safe if it is more than 100 feet from any source of contamination or within any line of the direction of flow of underground water therefrom, generally indicated by the slope of the ground.

The most serious menace to the purity of wells is the cesspool. In passing through a small village or the country, it is no uncommon sight to see the cesspool and well located side by side.

The average person seems satisfied if his well furnishes clear, colorless and cold water. While these qualities are to be desired, they are by no means reliable indicators of the purity of the water. Water may be beautifully clear and sparkling in appearance, yet it may be dangerously contaminated and contain myriads of invisible germs capable of producing disease. All of us are more or less familiar with other conditions which

contribute to the pollution of wells, such as leaky platforms, which allow filth, carried by the feet of human beings and animals, to enter the well, or the loose curbing which permits surface water to run into the well.

Finally, it should be remembered that the purity of a water supply can not be determined by its appearance. Disease germs can not be detected by the eye, by taste or by smell. A seriously polluted water may be perfectly clear, free from odor and pleasant to taste, but still be a disease-producing water. Remember that in selecting a water supply the first point to consider is its freedom from pollution and that in order to furnish a water of good sanitary quality, the well must be properly constructed in a safe location free from all sources of contamination.—Chas. W. Holmquist, Chief of the Division of Sanitation, New York State Department of Health.



MORBIDITY.*

Diphtheria.

67 cases of diphtheria have been reported, as follows: Oakland 10, San Francisco 21, Glendale 2, Riverside County 1, Daly City 2, Kings County 1, Colton 2, Pittsburg 1, Berkeley 3, San Jose 1, Sacramento 1, Stockton 1, Riverside 1, Sonoma County 1, Orange County 3, Fresno County 2, Contra Costa County 1, Richmond 1, Sonoma 1, Long Beach 1, San Fernando 3, Bakersfield 1, Redlands 1, Santa Paula 3, Walnut Creek 2.

Measles.

821 cases of measles have been reported, as follows: San Francisco 178, Sacramento 68, San Jose 60, Lodi 42, Stockton 11, Manteca 7, Oakland 77, Watsonville 6, San Joaquin County 61, Alameda 39, Stanislaus County 7, Vacaville 5, Palo Alto 26, Santa Maria 6, Orange County 20, Berkeley 67, Pasadena 29, Livermore 5, Gilroy 5, Covina 6, Colfax 13, Chico 11, Kings County 1, Glendale 3, Claremont 2, Riverside County 1, San Bernardino 4, Mayfield 3, Merced County 3, Mill Valley 4, Burbank 4, Turlock 1, San Jacinto 1, Petaluma 1, Huntington Park 2, Grass Valley 3, San Luis Obispo County 3, Long Beach 4, Redlands 1, Tehama County 1, Santa Paula 1, San Diego County 1, San Bernardino County 1, Santa Cruz County 1, Willits 1, Chino 1, Alturas 1, Riverside 1, Fullerton 1, Dinuba 2,

Richmond 1, Contra Costa County 1, Solano County 2, Benicia 1, Corning 1, Red Bluff 2, Calistoga 1, Fresno 3, Tulare County 1, Monterey County 1, Hayward 2, Sacramento County 2, Pittsburg 1.

Scarlet Fever.

99 cases of scarlet fever have been reported, as follows: San Bernardino 6, Oakland 12, Sacramento 6, Berkeley 5, Kings County 7, San Francisco 16, Pasadena 3, Burbank 2, Colton 1, Glendale 2, Hemet 1, Huntington Park 1, Petaluma 1, Stockton 3, Claremont 1, Turlock 1, Fresno County 1, Emeryville 1, Richmond 2, Woodland 3, Riverside 1, Fresno 3, Mendocino County 1, Orange County 5, Stanislaus County 2, Sonoma County 2, Santa Rosa 1, Bakersfield 2, Colusa 1, San Fernando 1, Healdsburg 4, San Diego County 1.

Whooping Cough.

111 cases of whooping cough have been reported, as follows: San Francisco 24, Oakland 6, Glendale 6, San Jose 8, Pasadena 26, Fresno 12, Kings County 1, Mill Valley 4, Chico 1, Petaluma 1, Merced County 1, Berkeley 2, Stockton 2, Alameda 3, San Joaquin County 2, Fresno County 2, Contra Costa County 1, National City

1, Marysville 1, Riverside 4, Long Beach 3.

Smallpox.

12 cases of smallpox have been reported, as follows: Oakland 1, Stockton 2, San Joaquin County 2, Fresno 1, Fresno County 1, Chino 1, Stanislaus County 1, Santa Barbara County 1, Orange County 1, Ventura County 1.

Typhoid Fever.

19 cases of typhoid fever have been reported, as follows: California 2, Kings County 1, Riverside County 2, Sacramento County 2, El Dorado County 1, Placerville 1, Blythe 1, Orange County 2, San Joaquin County 1, Imperial County 1, Burbank 1, Mendocino County 3, Long Beach 1.

Cerebrospinal Meningitis.

Madera County reported 1 case of cerebrospinal meningitis.

Leprosy.

San Francisco reported two cases of leprosy.

Epidemic Encephalitis.

San Francisco reported two cases of epidemic encephalitis.

*From reports for week ending June 9th received on June 11th and 12th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending June 9 received by June 12	Week ending			Reports for week ending June 10 received by June 13
	May 19	May 26	June 2		May 20	May 27	June 3	
Anthrax.....	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis.....	1	0	0	1	1	2	4	1
Chickenpox.....	331	249	184	138	164	165	190	131
Diphtheria.....	167	167	136	67	118	114	160	112
Dysentery (Bacillary).....	1	2	5	3	0	0	5	3
Epidemic Encephalitis.....	1	2	4	2	2	4	2	2
Gonorrhoea.....	113	82	118	31	60	55	118	43
Influenza.....	18	32	24	15	21	24	17	9
Leprosy.....	0	1	0	2	0	0	1	0
Malaria.....	3	3	2	2	4	0	3	2
Measles.....	1403	1084	992	821	33	45	47	37
Mumps.....	34	35	30	23	74	53	68	32
Pneumonia.....	60	49	67	71	77	72	103	39
Poliomyelitis.....	3	1	4	0	2	0	2	0
Scarlet Fever.....	171	168	161	99	130	115	102	69
Smallpox.....	43	32	22	12	38	36	31	37
Syphilis.....	147	85	55	36	113	72	78	27
Tuberculosis.....	143	182	92	49	206	178	244	81
Typhoid Fever.....	12	10	6	19	22	11	15	16
Whooping Cough.....	224	167	141	111	98	81	103	76
Totals.....	2875	2351	2043	1502	1163	1027	1293	717